

FILED
3/6/2019

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

FEB 06 2019 *YJ*

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Phalyon L. McFarthing
y33546

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

c/o Colone

c/o Norwood

c/o Carter

c/o Fett

c/o Abuteen

c/o Alcazar

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

1:19-cv-00777

Judge Rebecca R. Pallmeyer
Magistrate Judge Mary M. Rowland
PC6

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: Phalyon L. McFarthing
- B. List all aliases: _____
- C. Prisoner identification number: Y33546
- D. Place of present confinement: Lawrence C.C.
- E. Address: 10930 Lawrence Rd. Sumner IL. 62460

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Colone (First Name Unknown)
Title: Correctional officer
Place of Employment: Cook County Jail
- B. Defendant: Norwood (First Name Unknown)
Title: Correctional officer
Place of Employment: Cook County Jail
- C. Defendant: Carter (First Name Unknown)
Title: Correctional officer
Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

II. Defendants:

D. Defendant: Sett (first name unknown)

title: correctional officer

Place of Employment: Cook County Jail

E. Defendant: Abuteen (first name unknown)

title: correctional officer

Place of Employment: Cook County Jail

F. Defendant: Alcazar (first name unknown)

title: correctional officer

Place of Employment: Cook County Jail

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On July 17th 2018 the toilet in Cell # 3086 tier 34 Division 9 overflowed its contents on the floor. It stopped flushing after that situation I informed the Norwalk Correctional officer C/O Abuteen who said that she would put in a work order for the broken toilet. Throughout the day and passing days, I continued to tell shift officers of the problem with my toilet not being able to flush it. This lasted initially for 13 days; Correctional officer Colone, Correctional officer Norwood; Correctional officer Carter; Correctional officer Fett; Correctional officer Abuteen; and Correctional officer Alcazar were all apprised of the issue. Each stated that they had call it in and issued a "work order" however, the plumber never came. I elected to write a grievance at this point. I did receive a "work order number" but no relief from the plumbing issue until the 22nd day. Eventually I was given a "control number" with a commentary stating;

"Thank you for your patience." There was a complete
blatant blatant disregard of basic human decency and
violation of U.C.C. 730 DLCS 5/3-7-3.

I was not moved to another cell with working
plumbing at any time. I had to urinate and
defecate in a non-working toilet. A few times
I was afforded an opportunity to defecate in the
Dayroom. The Control # for this matter is 201809041.
My rights were violated clearly where the defendants acted
with deliberate indifference to my complaints about
a non functioning toilet, for 22 days I was
left in a cell without a functioning toilet. I
contend that those conditions were cruel and
unusual punishment. Prisons and jails must provide
inmates with "an environment that does not threaten
their mental and physical well-being". It is clear that
I was exposed to unsanitary and possibly unhealthy
conditions. Those conditions were exacerbated by the
unavailability of another cell to house me. I
had physical pains due to having to hold my bowels
and at times I could not wait to be let out
to the dayroom to use a working latrine.

The mental anguish that I experienced caused me to be depressed at most times. The smell also caused me physical pain to have to endure urination and defecation in such a small area was difficult. It was a senseless act on behalf of local county especially where there were other areas I could have been transferred to. The mere fact that there was no effort to move me out of that particular cell for the amount of time I spent in there without working toilet in and of itself shows deliberate indifference.

Plaintiff was forced to suffer extreme deprivations of minimal civilized measure of necessities. Jail and prison officials must provide humane conditions of confinement; they must ensure that inmates receive adequate food, clothing, shelter and medical care and must take reasonable measure to ensure the safety of inmates and a clean environment.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would appreciate this court to remedy me with
financial compensation for the physical and mental
damages I suffered in the amount of \$50,000.00
and injunctive relief for Cook County to expediently
repair non functioning toilets as a priority and within
24-72 hours.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 30 day of January, 20 19

Phalyon Lee McFarthing
(Signature of plaintiff or plaintiffs)

Phalyon Lee McFarthing
(Print name)

Y33546
(I.D. Number)

10930 Lawrence Rd
Sumner IL. 62466
(Address)



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(Para ser llenado solo por el personal de Inmate Services!)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent:
☐ Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

McFarthing

PRINT - FIRST NAME (Primer Nombre):

Phalyon

INMATE BOOKING NUMBER (# de identificación del Preso)

20160125242

DIVISION (División):

9

LIVING UNIT (Unidad):

3G 3080

DATE (Fecha):

7-30-18

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)

7-17-18

REQUIRED -
TIME OF INCIDENT
(Hora del Incidente)

7:30 PM

REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)

Div 9. 3G 3086

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

Sgt. Cianciarulo and Staff

My toilet has not worked in over 14 days, I have reported the problem to several officers and they informed me that a work order was put in. I have been forced to urinate either in a cup or the sink and to hold my bowels until an officer was kind enough to allow me to use the day room toilet. I would appreciate to have my toilet fixed or moved to another cell. PLEASE

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)

c/o Colone - c/o Norwood - c/o Alcazar

INMATE SIGNATURE: (Firma del Preso):

Phalyon La McFarthing

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

CRW S. Miller

SIGNATURE:

S. Miller

DATE CRW/PLATOON COUNSELOR RECEIVED:

7/31/2018

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

2018
09041

0351846

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):	INMATE FIRST NAME (Primer Nombre):	ID Number (# de identificación):
McFarthing	Pha Lyon	20162125242
GRIEVANCE ISSUE AS DETERMINED BY CRW: 012 - Facility Repairs (Plumbing)		
IMMEDIATE CRW RESPONSE (if applicable): CRW notified Facilities Management, which work order was previously placed # 317840		
CRW/REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):		DATE REFERRED:
Facilities Management Admin		8.1.18

RESPONSE BY PERSONNEL HANDLING REFERRAL

A WORK ORDER AND DMX has been notified, work order number is 324757.

PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:	DIV./DEPT.	DATE:
DEW DANIEL	Ben Daniel	ADMIN	08.03.18

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)
Charles Lee McFarthing	8.19.18

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE!

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): 8/16/18

INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación:)

Why did it take over 22 days to fix my over flowing toilet, why wasn't I moved to another cell?

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a))

Thank you for your patience while your work order was being processed.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):	SIGNATURE (Firma del Administrador o/su Designado(a)):	DATE (Fecha):
Dezko	[Signature]	8.22.18

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):	DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)
Charles Lee McFarthing	8.27.18



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

McFarthing

PRINT - FIRST NAME (Primer Nombre):

Phalyon

INMATE BOOKING NUMBER (# de identificación del Preso)

20160125242

DIVISION (División):

9

LIVING UNIT (Unidad):

36 3080

DATE (Fecha):

7-30-18

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

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La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)

7-17-18

REQUIRED -
TIME OF INCIDENT
(Hora del Incidente)

7:30 PM

REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)

Div 9. 36 3080

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

Sgt. Cianciarulo and Staff

My toilet has not worked in over 14 days, I have reported the problem to several officers and they informed me that a work order was put in. I have been forced to urinate either in a cup or the sink and to hold my bowels until an officer was kind enough to allow me to use the day room toilet. I would appreciate to have my toilet fixed or moved to another cell. PLEASE

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT (Nombre del personal o presos que tengan información):

c/o Abuteen
c/o Colone - c/o Norwood - c/o Alcazar

INMATE SIGNATURE: (Firma del Preso):

Phalyon Lu McFarthing

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

CRW S. Miller

SIGNATURE:

Sh 2

DATE CRW/PLATOON COUNSELOR RECEIVED:

7/31/2018

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

2018
09041

0351846

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

McFarthing

Pha Lyon

20162125242

GRIEVANCE/ISSUE AS DETERMINED BY CRW:

072 - Facility Repairs (Plumbing)

IMMEDIATE CRW RESPONSE (if applicable):

CRW notified Facilities Management, which work order was previously placed # 317840

CRW/REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

Facilities Management Admin

DATE REFERRED:

8/1/2018

RESPONSE BY PERSONNEL HANDLING REFERRAL

A WORK ORDER AND DFM has been notified, work order number is 324757.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

DEN DANIEL

SIGNATURE:

Den Daniel

DIV./DEPT.

Admin

DATE:

08/03/18

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE

INMATE SIGNATURE (Firma del Preso):

Charles Lee McFarthing

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

8/9/18

INMATE

INMATE'S REQUEST FOR AN APEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE!

TO BE COMPLETED BY INMATE

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APEAL: (Fecha de la solicitud de la apelación del preso): 8/16/18

INMATE'S BASIS FOR AN APEAL: (Base del preso para una apelación):

Why did it take over 22 days to fix my over flowing toilet, why wasn't I moved to another cell?

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APEAL?

Yes (Si) ☐No ☒

(Apelación del preso aceptada por el administrador o su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o su designado(a))

Thank you for your patience while your work order was being processed.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o su Designado(a)):

Dezko

SIGNATURE (Firma del Administrador o su Designado(a)):

Dezko

DATE (Fecha):

8/22/18

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE

INMATE SIGNATURE (Firma del Preso):

Charles Lee McFarthing

DATE APEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

8/27/18

INMATE

TO BE COMPLETED BY INMATE

INMATE COPY

Phalyon L. McFarthing 135574
10930 Lawrence RD.
Sumner IL. 60464

RECEIVED

FEB -6 2019

THOMAS G. GRUTON
CLERK U.S. DISTRICT COURT

U.S. District Court Northern District of
219 South Dearborn St.
Chicago IL. 60604

PRIVILEGED

02/06/2019-30

LEGAL MAIL



1:19-cv-00777
Judge Rebecca R. Pallmeyer
Magistrate Judge Mary M. Rowland
PC6



